## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

as

appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth	ng the Patent, advance on herwise in Block 1, by (	rders and notification of a a) specifying a new corre	naintenance fees w spondence address;	ill be m and/or (	ailed to the current b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	Not Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
36528	7590 03/17	//2008	na*				
STIENNON & 612 W. MAIN S P.O. BOX 1667	ST., SUITE 201		I he Stat add tran	reby certify that thi es Postal Service w ressed to the Mail smitted to the USP	s Fec(s) ith suffic Stop IS FO (571)	f Mailing or Transı Transmittal is being cient postage for firs SUE FEE address 273-2885, on the da	mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
MADISON, WI	53701-1667						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/533,333 05/02/2005			Vesa Ahvenniemi		METSO-40		5143
			ING OF THE PAPER MA	-			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740		06/17/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
HUG, ERIC J 1791			162-193000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form FT/03FR/22) attached.  Jee Address' indication (or "Fee Address" Indication form FT/05B/47; Rev 03-07 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati	a single firm (having as a member a 2ey or agent) and the names of up to mit attorneys or agents. If no name is 2			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG Metso F	less an assignee is ident h in 37 CFR 3.11. Comp GNEE Paper, Inc.	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY Helsinki,	atent. If an assigne assignment. and STATEOR C Finland	OUNTR	Y)	ocument has been filed for
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛛 Co	rporation	or other private gro	up entity Government
4a. The following fee(s) are submitted:  \$\sqrt{1}\$ Issue Fee \$\sqrt{2}\$ Issue Fee \$\sqrt{2}\$ Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  \$\sqrt{1}\$ A close is enclosed.  \$\sqrt{1}\$ Payment by credit card. Form PTO-2038 is attached.  \$\sqrt{2}\$ Payment by credit card. Form PTO-2038 is attached.  \$\sqrt{2}\$ The Director is hereby authorized to charge the required fee(s), my deficiency, or credit any overpayment, to Deposit Account Number \$\sqrt{5}\sqrt{2} = 266.3. (enclose an extra copy of this form).							
	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no lon	ger claiming SMAI	J. ENTI	TY status See 37 CF	R 1.27(e)(2).
							e assignee or other party in
Authorized Signature	Part De		-	Date_Apr			
Typed or printed name		Registration No. 34934					
This collection of inform an application. Confident submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to NOT SEND FEES OR	on is required to obtain or 1.14. This collection is est depending upon the individual of the e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any count of U.S. Patent and O THIS ADDRESS	ne public ninutes to mments Fradema SEND	which is to file (and o complete, including on the amount of tin rk Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and se you require to complete artment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.